STD GRAND ROUNDS Evaluation Form

March 28 & 30 2005

Emergency Contraception

Please assist us in planning and supporting future STD Grand Rounds programs by completing an evaluation!



- 1. If you have Internet access and do not require CME/CNE credit please complete this form online at www.STDCentral.org/GR/Eval .
- 2. If you have Internet access and require CME/CNE Credit please complete the form online at www.STDCentral.org/GR/Credit.



- 3. If you don't have Internet access and do not require CME/CNE creditplease complete this form and fax it to 303.436.3117 or mail to Denver PTC, 605 Bannock #248, Denver, CO 80204.
- 4. If you don't have Internet access and require CME/CNE credit please complete this form and mail it to Denver PTC, 605 Bannock #248, Denver, CO 80204. A \$10 processing fee (made out to the "Denver STD/HIV PTC") is required for all mailed requests.

1. Viewer Information			Last Name																						
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4.	What is your principal occupation? (ple	ease choose ONLY ONE)	
0	Physician ¹	O Laboratorian/Medical Technologist ⁷	○ Case Manager ¹³
0	Physician's Assistant, Medical Assistan	t ² O HIV Counselor ⁸	O Outreach Staff ¹⁴
0	Registered Nurse ³	O Health Educator ⁹	O Community Planning ¹⁵
0	Licensed Practical/Vocational Nurse ⁴	O Administrator ¹⁰	O Social Worker ¹⁶
0	Nurse Practitioner ⁵	O Disease Intervention Specialist (DIS	S) ¹¹ O Drug Treatment Counselor ¹⁷
0	Certified Nurse Midwife ⁶	O Student ¹²	O Other ¹⁸ (please specify)
5.	In what type of organization are you pr	rimarily employed? (please choose ONLY	ONE)
\mathbf{c}	Non-clinical community-based org. ¹	O Managed care organization ⁵ (e.g. Kaise	r) O Military ⁹
\mathbf{C}	Gov't-funded public health program ²	O Private practice, clinical care, hospital/cl	linic ⁶ O Indian Health Services ¹⁰
\mathbf{c}	University, college, other school ³	O Clinical laboratory ⁷	O Migrant health clinic ¹¹
\mathbf{C}	Family planning program ⁴	O Corrections facility ⁸	O Other ¹² (please specify)
	(not government funded)		
Э	ovide? (please choose ONLY ONE) Not applicable ¹ O General p	oublic health/community health ⁴ O F	Primary care ⁷
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SECTION 2:

			Low	\leftarrow	\rightarrow	Hig	h	N/A
1.	My ability to define emergency contraception.	before the course	1	2	3	4	5	9
		after the course	1	2	3	4	5	9
2.	My ability to identify who would benefit from	before the course	1	2	3	4	5	9
	emergency contraception. after the course	1	2	3	4	5	9	
3.	My ability to recognize when to use emergency contraception.	before the course	1	2	3	4	5	9
		after the course	1	2	3	4	5	9

4. We would appreciate your feedback on the teaching aspects of this update.

	Not at all	←	→ To	a gre	at extent
How useful was this information to your practice?	1	2	3	4	5
To what extent were the objectives relevant to the program's overall purpose & goals?	1	2	3	4	5
To what extent was the content relative to the objectives?	1	2	3	4	5
How effective were the teaching methods?	1	2	3	4	5
How useful were the materials?	1	2	3	4	5

5.	Please rate this course for "Overall effectiveness"					
	(Please rate 1 = poor to 5 = excellent)	1	2	3	4	5

6.	Comments:			

6.	Topic suggestions for future satellite programs:	